Georgia Clinical Quality Measures

Georgia Department of Community Health

Project Overview

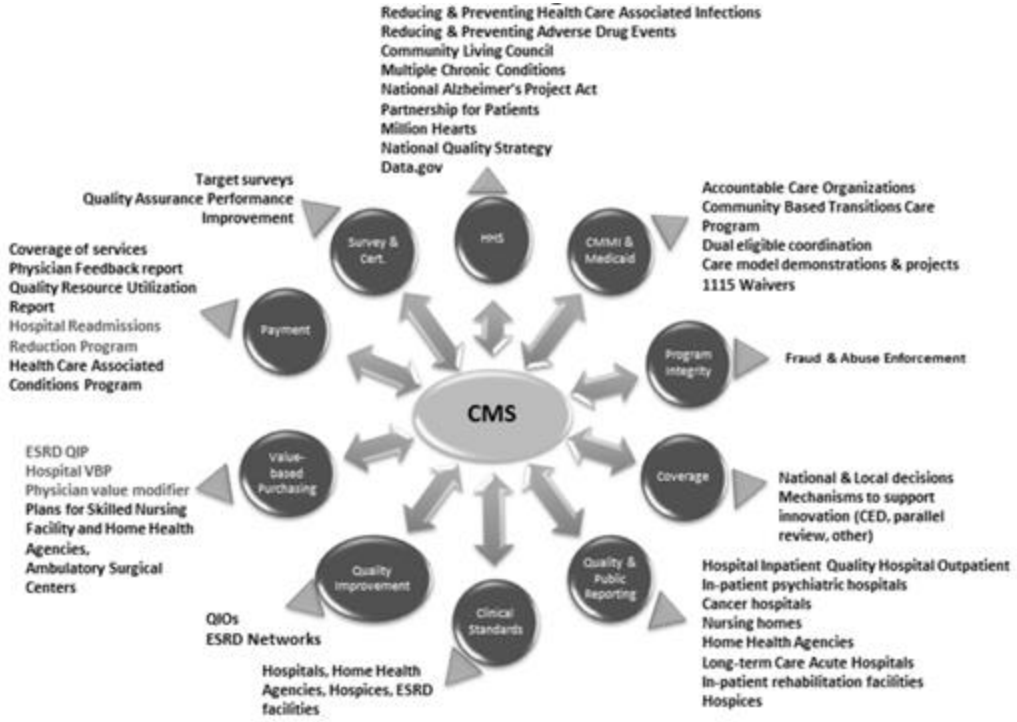
•Implement and operationalize an effective way to accept clinical quality measurement information from providers across multiple channels to support program goals.

•Assess trends against various benchmarks (e.g. member/disease categories, specific provider geographies or subsets of provider types).

•Through a phased approach, gain insight and lessons learned for an effective roll-out to a larger community.

National CMS Strategic Direction

CMS Authorized Programs



- **National programs due to the Affordable Care Act (ACA), the Medicare Access and CHIP Reauthorization Act (MACRA), the Merit-Based Incentive Payment System (MIPS) – all focusing on moving from Volume, or Fee-for-Service, to Value, or Outcomes-based Medicine.**
- **Quality Measures based on claims and electronic health record data make up the core of these programs, and are being used to assess program efficacy and patient population health.**
- **Data collection across multiple providers will be compared to benchmark data at state and national level, and then eventually factored into financial models.**

Your Participation

What we are implementing?

A unified platform with capability for accepting data across multiple channels, performing rules-driven analysis, and reporting on an initial set of targeted quality measures. Or simply put, a website for upload/entry of metrics and related reporting.

What we will provide:

- **Training to leverage certified EHR system capabilities and, when necessary, minimal entry of CQM data.**

- **Full transparency to the provider's information via reports and project team updates.**

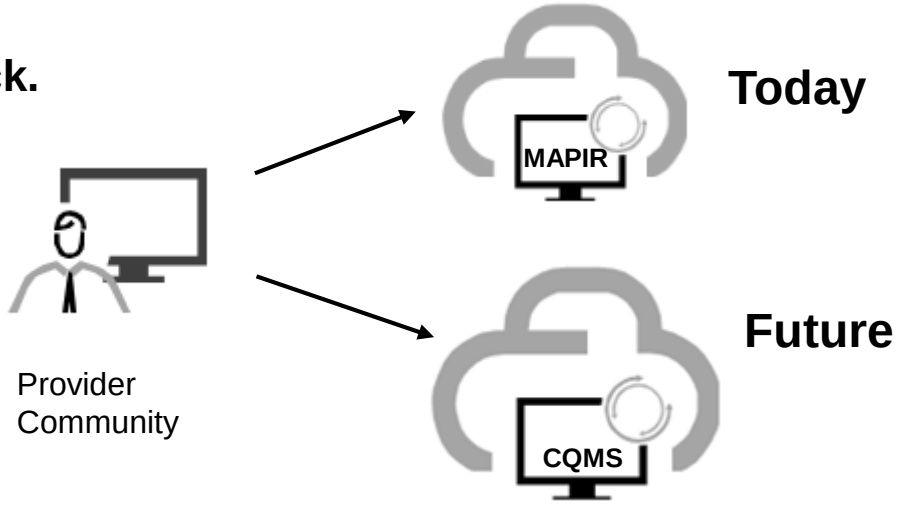
- **Support of a Clinical Advisory Board (CAB) to offer clinical assistance, measure selection, recommendations on use of data, reports, and collaborative support with the DCH and provider participants in shaping the program.**

Why we hope you will participate:

- Influence future efforts on how this information is collected.
- Represent a provider "voice" to the project's efforts and goals.
- Gain your feedback on application/program effectiveness and any limitations.

What Your Participation Looks Like

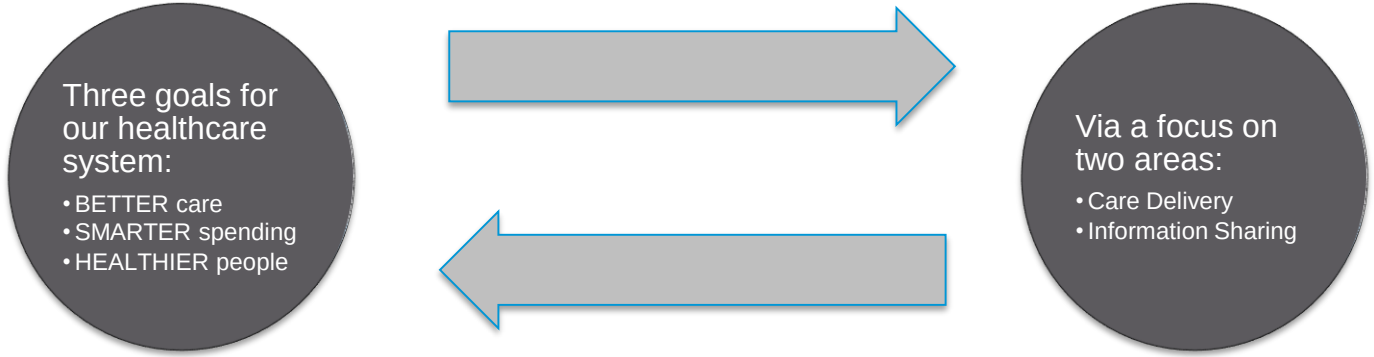
•MAPIR data captured for state average calculation. No action required beyond what already occurs through data upload to the MAPIR application for those who participate in the Medicaid EHR Incentive Program.
•Quarterly CQM data upload via EHR application (QRDA III format) or manual data collection.
•We will provide reports related to the data you submit and comparison information against planned benchmarks.
•Collection of your feedback.



- ✓ Upload CQM data via EHR
- ✓ Manual entry of CQM *(if needed)*
- ✓ Access to Reports

CQMS Project Benefits

- Alignment with CMS direction and efforts supporting improved health outcomes.
- Development and use of a platform from which the Department can perform consistent, rules-driven evaluation of effectiveness for value-based purchasing outcomes, improving health outcomes and inform providers on performance compared to peers/state norms.
- Improved health outcomes for Medicaid members through the effective use and comparison of provider-generated data.
- Increased insight into provider's level of quality and efficiency of care through benchmarking and quality initiatives.
- Ability to manage and proactively control Medicaid programmatic goals through reporting tools and benchmarking capabilities.

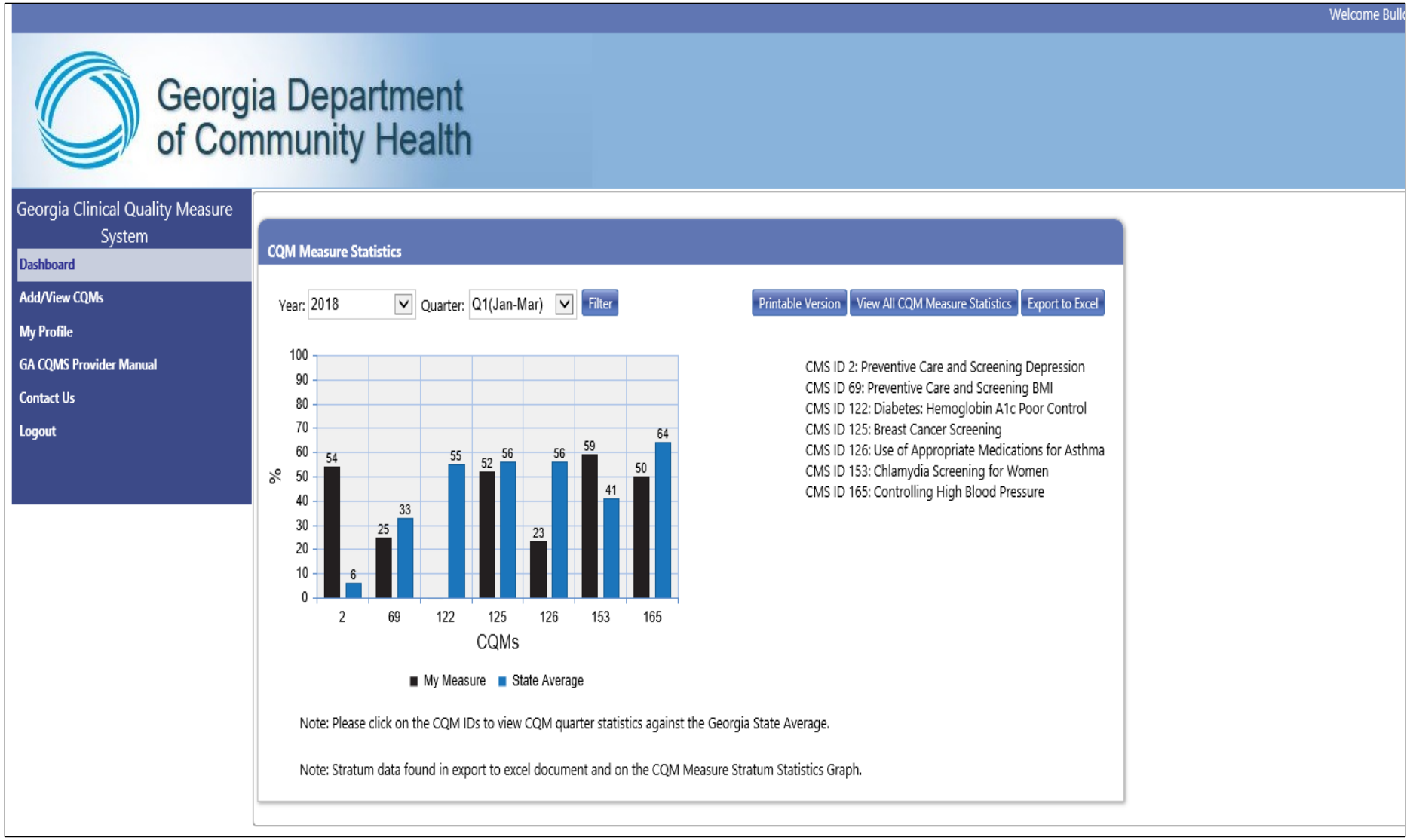


Seven “CQMs” for GA CQMS

The initial measures planned for the project include:

1. CMS2 - Preventative Care and Screening for Depression
2. CMS69 - Preventive Care and Screening: BMI screening and follow up plan (ages 18 and older)
3. CMS122 - Diabetes: Hemoglobin A1c poor control (>9%) (ages 18-75)
4. CMS125 - Breast Cancer Screening
5. CMS 126 - Use of Appropriate Medications for Asthma (ages 5-64)
6. CMS165 - Controlling High Blood Pressure
7. CMS153 - Chlamydia Screening for Women (ages 16-24)

GACQMS


Welcome Bull
Georgia Department of Community Health
Georgia Clinical Quality Measure System
Dashboard
Add/View CQMs
My Profile
GA CQMS Provider Manual
Contact Us
Logout
CQM Measure Statistics
Year: 2018
Quarter: Q1(Jan-Mar)
Filter
Printable Version
View All CQM Measure Statistics
Export to Excel
100
90
80
70
60
50
40
30
20
10
0
%
54
6
25
33
55
52
56
23
56
59
41
50
64
2
69
122
125
126
153
165
CQMs
My Measure
State Average
CMS ID 2: Preventive Care and Screening Depression
CMS ID 69: Preventive Care and Screening BMI
CMS ID 122: Diabetes: Hemoglobin A1c Poor Control
CMS ID 125: Breast Cancer Screening
CMS ID 126: Use of Appropriate Medications for Asthma
CMS ID 153: Chlamydia Screening for Women
CMS ID 165: Controlling High Blood Pressure
Note: Please click on the CQM IDs to view CQM quarter statistics against the Georgia State Average.
Note: Stratum data found in export to excel document and on the CQM Measure Stratum Statistics Graph.

GACQMS


Welcome Bulldogs Georgia!
Georgia Department of Community Health
Georgia Clinical Quality Measure System
Dashboard
Add/View CQMs
My Profile
GA CQMS Provider Manual
Contact Us
Logout
Quality Measure Entry
Georgia is now accepting two forms of submissions for CQMs for their Clinical Quality Measure System
Manual Entry - The user
QRDA CAT III - The user
Reporting Document A
Year: 2017 Quarter: Q
(*)Please select your me
Manual Entry
QRDA CAT - III Su
Next
Cancel
Welcome Bulldogs Georgia!
Georgia Department of Community Health
Georgia Clinical Quality Measure System
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Georgia CQMS Clinical Measure Entry
Preventive Care and Screening: Screening for Depression and Follow-Up Plan (1 of 7)
(*) Red asterisk indicates a required field
CMS ID 2
Title: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Complete the following information:
* Numerator:
* Denominator:
* Exclusion:
* Exception:
Previous
Next
Save
Cancel

Next Steps

- **We need your participation**
- **Schedule a follow-up discussion with project Executive Sponsors**
- **Arrange for access to the CQMS application, timeline for data collection, reporting and review**

- ***Future program plans/considerations*:**
  - Additional CQMs
  - Geocoding of population health data
  - Expanded reporting
  - …and more!